POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KU	20591	9/2
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RT	515	10-05-00
RESPONSE FORMALITY REVIEW	LH	60105	2-28-01

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

BEST AVAILABLE COPY

Claim Final	Original	Date
1	ι	
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3	v	
4	v	
5	v	
6	v	
7	ι	
8	v	
9	ι	
10	v	
11	√	
12	ι v v √	
13	v √ ι	
14	ι v ι	
15	ι √ v	
16	ι √ ι	
17	ι √ √	
18	ι v ι	
19	ι	
20	ι ι v	
21	ι v ι	
22	v v v	
23	ι v ι	
24	ι v √	
25	ι v v	
26	v v v	
27	v v v	
28	ι √ v	
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If more than 150 claims or 10 actions
staple additional sheet here

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